2025 02 15 05 00057648

FEC FORM 1

Only

STATEMENT OF ORGANIZATION

RECEIVED ______
FEC MAIL CENTER

2023 FEB 13 AM 11: 44

FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FÉ4M5 COMMITTEE (in full) is changed) over the lines. 1B, U, L, L, D, O, G, , D, F, M, O, C, R, A, T, S, , P, A, C, Ed. 90 W,00 d ADDRESS (number and street) (Check if address is changed) ZIP CODE COMMITTEE'S E-MAIL ADDRESS 16,4,6,4,0,9,d,e,m,0,c,r,a,t,s,P,A,C,O,g,m,a,i,1,-,c,o,m, (Check if address is changed) Optional Second E-Mail Address [0,V,0,1,y,n, L,e,t,0,n,a,2,0,0,3,0,i,c,1,0,u,d,-,c,0,m COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address |WIWIWI-191911 reidie mio 1618 art 151-1610 mi / Idio mia it i ei is changed) 2023 DATE FEC IDENTIFICATION NUMBER > IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Evelyn Letona Robles Type or Print Name of Treasurer Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further Information contact: **FEC FORM 1** Federal Election Commission Use (Revised 03/2022) Toll Free 800-424-9530

Local 202-694-1100

EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	3
Candidate Committee:	•
(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Compliant information below.)	lete the candidate
Name of Candidate	<u></u>
Candidate Party Affiliation Office Sought: House Senate President	State District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	- Landing
Name of Candidate	
Party Committee:	
(d) This committee is a fine to the committee in the committee is a fine to the committee in the committee is a fine to the committee in the committee is a fine to the committee in the committee is a fine to the committee in the committee in the committee is a fine to the committee in the comm	nocratic, iblican, etc.) Party
Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a
- A - A - A	abor Organization
In addition, this committee is a Lobbyist/Registrant PAC.	•
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	regated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hyl	brid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	······································
(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate	
This committee collects contributions, pays fundralsing expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
Committees Participating in Joint Fundraiser	
1 [

_	FEC Form 1 (Revised (03/2022)		•	_	Page 3
٧	Vrite or Type Committee Name					
6.	Name of Any Connected O	rganization, Affiliated Com	mittee, Joint Fur	draising Repre	sentative, c	or Leadership PAC Sponsor
				1111	1111	<u> </u>
	Mailing Address		 	1111	1111	
						<u>. </u>
		Linini	 			<u> </u>
		СП	Y A		STATE A	ZIP CODE ▲
	Relationship: Connected	Organization	ganization .	Joint Fundralsing	Representati	ve Leadership PAC Spor
7.	Custodian of Records: Identi books and records.	tify by name, address (phone	number – optiona	J) and position o	f the person	in possession of committee
	Full Name [F.V.e.]	iyin Lieitioinia	1 R,0,6,1	e ₁ S _{1 1 1 1}		<u> </u>
	Mailing Address	[3,3] E,d,g,e,w,0	o.d. A.v.	8		_
						
	·	NEW HANEN	41111		CT	0.6.5.1.1-
		СП	Y A		STATE A	ZIP CODE A
	Title or Position ▼				•	_
	Vireassurer			Telephone num	ber 8) ₁ 5] - [7, 2,0] - [2, 8, 6,
8.	Treasurer: List the name an any designated agent (e.g.,		optional) of the	treasurer of the	committee;	and the name and address of
	Full Name of Treasurer . [E,V,0,1	yn Letionia	ROBIL	e ₁ S _{1 1 1}	1111	
	Mailing Address	[3,3, E,d,9,e,w,0	N.V.	e, , , , ,		
			1 1 1 1 1 1		1 1 1 1 1	
		MEN HAYEN	<u> </u>	لسب	CT	0.6.5.1.1-
	Title or Decision -	сп	Y A		STATE A	ZIP CODE ▲
	Title or Position ▼		1		10	. E. I. A. A. L. JA. A. C.
_	[Tire a sivirie r			Telephone num	ber 0	5,5]-[7,2,0]-[2,8,6,

	FEC Form	(Revised 03/2022)	Page 4
	Full Name of Designated		
	Agent		
	Mailing Address		
•			
	•		
	Title or Position	CITY ▲ STATE ▲	ZIP CODE A
	1		
		Telephone number	
9.		Depositories: List all banks or other depositories in which the committee deposits fun ixes or maintains funds.	ds, holds accounts, rents
	Name of Bank, I	Depository, etc.	
		[W,e,L,L,S, ,F,A,R,G,0, , , , , , , , , , , , , , , , , ,	
	Mailing Address	19,5,6, C,H,A,P,E,L, S,T,R,E,E,T,	
		NEW HAVEN (CT)	0.6510-
		CITY ▲ STATE ▲	ZIP CODE ▲
	Name of Bank,	Depository, etc.	
	Mailing Address		
		<u> </u>	<u> </u>
		CITY ▲ STATE ▲	ZIP CODE A
_			· · · · · · · · · · · · · · · · · · ·

2023
2
3
03
0043
7655

FEC	Form	18	(Revised	03/2022

Optional Supplemental Information

Daga	of	
Page	 V.	<u> </u>

FEC	Form 1S (Revised 03/2	(22) for Lines 5(i) or (j), 6, 8 and/or 9	Page of
5(i) or (j).	. Joint Fundralsin	Participant:	
,, ,,	1.	FEC ID number	C
	2.	FEC ID number	C
	3.	FEC ID number	C
	4.	FEC ID number	C
6. N i	ame of Any Connected	Organization, Affiliated Committee, Joint Fundralsing Representat	ive, or Leadership PAC Sponsor
İ			
1	L		
	Mailing Address		لبسسسس
	Relationship:	CITY ▲ STATE	▲ ZIP CODE ▲
	Connected	Organization Affillated Committee Joint Fundraising Represe	ntative Leadership PAC Sponsor
8. D e	signated Agent: Identify	by name, address (phone number – optional)	
-	Mailing Address		
	7.		
-		CITY ▲ STATE ▲	ZIP CODE ▲
	TITLE OR POSITION	•	
		Telephone Number	
	anks or Other Deposito lifety deposit boxes or ma	les: List all banks or other depositories in which the committee depo intains funds.	sits funds, holds accounts, rents
	ame of Bank, apository, etc.		
	Mailing Address		لتتتنيين
		1	
	·		السنا-لسنا
1		CITY ▲ STATE ▲	ZIP CODE ▲

RECEIVED FEC MAILCENTER

2023 FEB 13 AM 11: 45

isubella Meales
fole 4m St. #205698
New Haven G Olesze

Federal Elections Commission 1050 First St. NE Washington DC 20463



Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.				
Hand Delivered	Date of Receipt			
USPS First Class Mail Postmarked 1/19/23	Date of Receipt			
USPS Registered/Certified	Postmarked (R/C)			
USPS Priority Mail	Postmarked			
USPS Priority Mail Express	Postmarked			
Postmark Illegible				
No Postmark				
Overnight Delivery Service (Specify):	Shipping Date			
Next Busines	s Day Delivery			
Received from House Records & Registration Office	Date of Receipt			
Received from Senate Public Records Office	Date of Receipt			
Received from Electronic Filing Office	Date of Receipt			
Other (Specify):	eceipt or Postmarked			
WDO 12 PREPARER	2/13/23 DATE PREPARED			
(3/2015)	DAIL FREFARED			